



**ANNUAL SURVEY FORM**  
**FOR USE IN ASSESSMENT OF COUNTYWIDE DISPOSAL CAPACITY**  
**COUNTYWIDE SITING ELEMENT ANNUAL REPORT UPDATE**  
**INFORMATION REGARDING EXISTING TRANSFORMATION FACILITIES**

**1. FACILITY INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Number of operating hours/day \_\_\_\_\_  
Number of operating days/week \_\_\_\_\_  
Size of Facility  
Overall site area (property boundary) \_\_\_\_\_ acres (Attach Map)  
Disposal area (footprint) \_\_\_\_\_ acres (Attach Map)

**2. LAND USE PERMIT/CONDITIONAL USE PERMIT**

Permit No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Are there any quantity or use limitations and/or other restrictions specified in the land use permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
Land Use Permit maximum daily capacity \_\_\_\_\_ tons or \_\_\_\_\_ cubic yards

**3. SOLID WASTE FACILITY PERMIT**

SWFP No. \_\_\_\_\_  
Expiration Date of SWFP \_\_\_\_\_  
Last Permit Review Date \_\_\_\_\_  
Are there any quantity or use limitations and/or other restrictions specified in the Permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. OTHER PERMITS**

Please identify any operating permits issued by regional, State, or Federal agencies (other than land use and SWFP) that may limit or restrict the quantities of solid waste accepted/processed at the facility  
Permit type \_\_\_\_\_  
Issuing Agency \_\_\_\_\_  
Permit No. \_\_\_\_\_  
Restrictions \_\_\_\_\_  
Please attach copy of permits

**5. MAXIMUM PERMITTED<sup>1</sup> RATE OF DISPOSAL**

Daily	_____ tons or _____	cubic yards
Weekly	_____ tons or _____	cubic yards
Monthly	_____ tons or _____	cubic yards
Yearly	_____ tons or _____	cubic yards

**Note:** <sup>1</sup> Permitted means the volume in cubic yards or weight in tons specified in the Solid Waste Facilities Permit issued by the Local Enforcement Agency and concurred by the California Integrated Waste Management Board.

**6. QUANTITY OF SOLID WASTE MANAGED DURING THE PAST CALENDAR YEAR**

Average daily quantity of solid waste received	_____ tons or _____	cubic yards
Average daily quantity of solid waste diverted/salvaged	_____ tons or _____	cubic yards
Average daily quantity of solid waste incinerated	_____ tons or _____	cubic yards
Total quantity of solid waste received	_____ tons or _____	cubic yards
Total quantity of solid waste diverted/salvaged	_____ tons or _____	cubic yards
Total quantity of solid waste incinerated	_____ tons or _____	cubic yards



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**7. ASH RESIDUE (As of December 31 of the past calendar year)**

Average daily quantity of ash generated \_\_\_\_\_ tons or \_\_\_\_\_ cubic yards

Total quantity of ash generated \_\_\_\_\_ tons or \_\_\_\_\_ cubic yards

Describe facility(s) where ash is taken: \_\_\_\_\_

\_\_\_\_\_

**8. FUTURE EXPANSIONS AND/OR CLOSURES**

Any proposed expansions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Any proposed closures? Yes \_\_\_\_\_ No \_\_\_\_\_

Expected post closure use of the facility \_\_\_\_\_

\_\_\_\_\_

**9. CAPACITY**Permitted<sup>1</sup> transformation/incineration capacity as of December 31 of the past calendar year is \_\_\_\_\_ tons  
or \_\_\_\_\_ cubic yards

Density of waste used as a conversion factor \_\_\_\_\_ tons/cubic yard

Describe basis for determining conversion factor (i.e., in-place or total density) \_\_\_\_\_

Estimated closure date \_\_\_\_\_, based on \_\_\_\_\_ tons per day and \_\_\_\_\_ operating days per year

Comments \_\_\_\_\_

\_\_\_\_\_

**10. DIVERSION/SALVAGE OPERATIONS**

Does your facility perform diversion/salvage operations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list material diverted/salvaged (i.e., inert, wood, tires, and construction and demolition material, metals, etc.) \_\_\_\_\_

If used on site, describe how diverted/salvaged materials are used \_\_\_\_\_

\_\_\_\_\_

**11. TIPPING FEES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SURVEY COMPLETED BY \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_